

(USE BALL POINT PEN—PRESS HARD)

<p>1. PROVIDER ID</p> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin: 2px;"></div> </div> <p style="text-align: center; font-size: small;">Program                      County                      Facility ID</p> <p>2. FORM SERIAL NUMBER</p> <p>3. UNIQUE PARTICIPANT ID</p> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin: 2px;"></div> </div> <p style="text-align: center; font-size: small;">Initials                      Sex                      Date of Birth</p> <p style="text-align: center; font-size: small;">Last-First                      1-Male                      2-Female                      Month                      Day                      Year</p> <p>4. PROVIDER'S PARTICIPANT ID</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 2px;"></div> <p style="font-size: x-small;">(Optional)</p> <p>5. CODEPENDENT/SIGNIFICANT OTHER..... (1-Yes 2-No)</p> <p style="font-size: x-small;">(If yes, complete Items 1-18; answer yes if receiving services because of someone else's alcohol/drug problem.)</p> <p>6. RACE</p> <table style="width: 100%; font-size: x-small;"> <tr> <td>01. White</td> <td>08. Filipino</td> <td></td> </tr> <tr> <td>02. Black/African-American</td> <td>09. Guamanian</td> <td></td> </tr> <tr> <td>03. American Indian</td> <td>10. Hawaiian</td> <td>15. Vietnamese</td> </tr> <tr> <td>04. Alaskan Native</td> <td>11. Japanese</td> <td>16. Other Asian</td> </tr> <tr> <td>05. Asian Indian</td> <td>12. Korean</td> <td>17. Other Race</td> </tr> <tr> <td>06. Cambodian</td> <td>13. Laotian</td> <td></td> </tr> <tr> <td>07. Chinese</td> <td>14. Samoan</td> <td></td> </tr> </table> <p>7. ETHNICITY</p> <table style="width: 100%; font-size: x-small;"> <tr> <td>1. Not Hispanic</td> <td>4. Puerto Rican</td> <td></td> </tr> <tr> <td>2. Mexican/Mexican American</td> <td>5. Other Hispanic/Latino</td> <td></td> </tr> <tr> <td>3. Cuban</td> <td></td> <td></td> </tr> </table> <p>8. EMPLOYMENT STATUS</p> <table style="width: 100%; font-size: x-small;"> <tr> <td>1. Employed Full Time (35 or more hours/week)</td> <td></td> </tr> <tr> <td>2. Employed Part Time (less than 35 hours/week)</td> <td></td> </tr> <tr> <td>3. Unemployed (looking for work)</td> <td></td> </tr> <tr> <td>4. Not in the labor force (not seeking employment)</td> <td></td> </tr> </table> <p>9. HIGHEST SCHOOL GRADE COMPLETED..... (00-20; GED-12)</p> <p>10. PRINCIPAL SOURCE OF REFERRAL</p> <table style="width: 100%; font-size: x-small;"> <tr> <td>1. Individual (Includes self-referral)</td> <td>6. Non-SACPA: Court/Criminal Justice</td> </tr> <tr> <td>2. 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On parole from any other jurisdiction</td> <td>6. Incarcerated</td> <td></td> </tr> </table> <p style="font-size: x-small;">*If participating in a Parolee Services Network or Female Offender Treatment project, enter participant's CDC number in boxes 1-6 of Coded Remarks.</p> <p>13. DISABILITY IMPAIRMENT</p> <p style="font-size: x-small;">(Enter the codes for up to three impairments; if no impairment, enter "1".)</p> <table style="width: 100%; font-size: x-small;"> <tr> <td>1. NONE</td> <td>4. Speech</td> <td>7. Developmentally Disabled</td> </tr> <tr> <td>2. Visual</td> <td>5. Mobility</td> <td>8. Other</td> </tr> <tr> <td>3. Hearing</td> <td>6. Mental</td> <td></td> </tr> </table>	01. White	08. Filipino		02. Black/African-American	09. Guamanian		03. American Indian	10. Hawaiian	15. Vietnamese	04. Alaskan Native	11. Japanese	16. Other Asian	05. Asian Indian	12. Korean	17. Other Race	06. Cambodian	13. Laotian		07. Chinese	14. Samoan		1. Not Hispanic	4. Puerto Rican		2. 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No past month use    3. 1-2 times per week    5. Daily 2. 1-3 times in past month    4. 3-6 times per week</p> <table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"> <thead> <tr> <th style="width: 20%;">Question #</th> <th style="width: 15%;">Primary</th> <th style="width: 15%;">Secondary</th> <th style="width: 15%;">Tertiary</th> <th style="width: 35%;"></th> </tr> </thead> <tbody> <tr> <td>19. ALCOHOL/DRUG PROBLEM</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>20. USUAL ROUTE OF ADMINISTRATION</td> <td></td> <td></td> <td></td> <td rowspan="3" style="font-size: x-small; vertical-align: top;"> <b>Instructions</b>            • Age of First Use: Primary must be at least 5 years old.            • If Secondary Alcohol/Drug Problem is NONE (22), leave Secondary Route, Frequency, and Age blank.         </td> </tr> <tr> <td>21. FREQUENCY OF USE</td> <td></td> <td></td> <td></td> </tr> <tr> <td>22. 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